

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

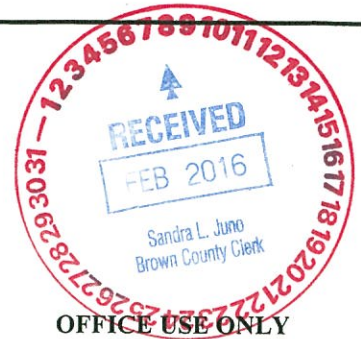
Friends of Mark Becker

Street Address

248 Williams Street

City, State and Zip Code

Pulaski, WI 54162



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☒ Feb ☒ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 1,735.00	\$ 1,735.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1,735.00	\$ 1,735.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 557.14	\$ 557.14
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 557.14	\$ 557.14

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0.00
Total Receipts	\$ 1735.00
Subtotal	\$ 1735.00
Total Disbursements	\$ 557.14
CASH BALANCE END OF REPORT	\$ 1,177.86
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$ 400.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer Kelly R. Ruh, Treasurer	Signature of Candidate or Treasurer Kelly R. Ruh, Treasurer	Date: 2/7/16 Daytime Phone: 920-660-7378
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NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 1 of 3

Complete Committee Name

Friends Of Mark Becker

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/19/16	Dennis Marcelle 1832 Fiesta Ln. Green Bay WI 54302-2226		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/19/16	Frederick J. Krumberger 3196 Harbor Winds Dr. Suamico, WI 54173		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/19/16	Judith Krawczyk 2495 Manitowoc Rd. Green Bay WI 54311-5377		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/19/16	Richard J. Debroux 1713 Preble Ave. Green Bay, WI 54302-2934		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/19/16	Lyle Becker 6019 Greenbell St. Green Bay WI 54301-7716		\$25	\$25
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/19/16	David G. Fritsch 2380 Pinecrest Ln. Green Bay WI 54313		\$100	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/19/16	Mark T. Zeller 1500 Greenfield Ave. Green Bay, WI 54313		\$25	\$25
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
1/19/16	Kelly R. Ruh 203 Gray Street Green Bay, WI 54303		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 400.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ -

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ -

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SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 2 of 3

Complete Committee Name

Friends of Mark Becker

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/19/16	Daniel L. Terrien 2000 Jourdain Lane Green Bay, WI 54301		\$35	\$35
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/19/16	Candace Ziegelbauer 1934 E. Telemark Circle Green Bay WI 54313-4342		\$100	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/19/16	Sandra M. Duckett 2552 Wilder Ct. Green Bay WI 54311		\$50	\$50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/19/16	Robert L. Cowles 300 W. St. Joseph St. Green Bay, WI 54301-2371		\$25	\$25
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/22/16	Paul D. Koch 5374 Moonlite Dr. De Pere, WI 54115-8794		\$100	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/22/16	Gary Tauchen N3397 S. Broadway Bonduel, WI 54107		\$100	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/22/16	Michelle M. Nelson 480 St. Mary's Blvd. Green Bay, WI 54301		\$100	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/22/16	Carol Bourgeois N6027 Cty C Casco, WI 54205		\$100	\$100
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 610.00

TOTAL ITEMIZED CONTRIBUTIONS \$ -

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ -

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SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 3 of 3

Complete Committee Name

Friends of Mark Becker

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/22/16	Benjamin J. Vineburg 14611 Ludlow St. Oak Park, MI 48237		\$25	\$25
1/22/16	Peter J. Ingold 1104 Marquette Ave. Green Bay, WI 54304		\$100	\$100
1/22/16	Robert G. Bush 3062 Bay View Dr. Green Bay, WI 54311		\$100	\$100
1/12/16	Ann H. Shea 711 N. Webster Ave. De Pere, WI 54115-3432		\$50	\$50
1/12/16	Marvin Bourgeois CASCO, WI 54205-9727		\$50	\$50
1/4/16	Mark S. Becker 248 Williams St. Pulaski, WI 54162	Finance Manager LeMieux Toyota 2550 S. Oneida St. Green Bay, WI 54304	\$400	\$400
1/1/				
1/1/				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$725.00

TOTAL ITEMIZED CONTRIBUTIONS

\$1,735.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$1,735.00

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SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page 1 of 1

Complete Committee Name

Friends of Mark Becker

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/19/16	Heyrman Printing 2083 Holmgren Way Green Bay WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Yard Signs/Campaign Materials	\$413.44
1/20/16	Titetown Brewery/Tap Room 200 Douglas St. Green Bay WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Room Rental for Fundraising Event	\$55.00
1/25/16	Super Ron's 960 Cty Road B Pulaski WI 54162 Check if: <input type="checkbox"/> In-Kind Offset	Stamps for Campaign mailing	\$49.00
2/1/16	Facebook Check if: <input type="checkbox"/> In-Kind Offset	Advertising for Campaign on Facebook	\$13.45
2/3/16	Heyrman Printing 2083 Holmgren Way Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Labels for yard Signs	\$26.25
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 557.14

TOTAL ITEMIZED EXPENDITURES

\$ 557.14

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ —

TOTAL EXPENDITURES

\$ 557.14

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SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Page 1 of 1

Complete Committee Name

Friends of Mark Becker

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1/4/16	Mark S. Becker 248 Williams St. Pulaski, WI 54162	0	\$400	0	\$400

List All Endorsers or Guarantors (if any)

N/A

Full Name, Mailing Address and Zip Code of Guarantor <u>N/A</u>	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor <u>N/A</u>	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$ 400

*****End of Report*****

TOTAL OUTSTANDING LOANS

\$ 400

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CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Jamie Blom for District 23

Street Address

2883 Hillcrest Ct

City, State and Zip Code

Green Bay, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ ~~January Continuing~~ ☒ Pre-Primary 2016 ☒ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 130. ⁰⁰	\$ 130. ⁰⁰
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 130. ⁰⁰	\$ 130. ⁰⁰

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 164. ⁰⁰	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 164. ⁰⁰	\$ 164. ⁰⁰

CASH SUMMARY

Cash Balance Beginning of Report	\$ 467. ⁰⁰
Total Receipts	\$ 130. ⁰⁰
Subtotal	\$ 597. ⁰⁰
Total Disbursements	\$ 164. ⁰⁰
CASH BALANCE END OF REPORT	\$ 433. ⁰⁰
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Jamie Blom

Signature of Candidate or Treasurer

Jamie Blom

Date: 2/18/16

Daytime Phone: 920-265-1272

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 1 of 1

Complete Committee Name

Jamie Blom for District 23

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/25/16	Joel Ehrduth 2114 Kingfisher Ln Suamico, WI 54313		100.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/1/16	Jamie Blom 2883 Hillcrest Cr Green Bay, WI 54313		30.00	
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 130.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 130.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 130.00

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SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page 1 of 1

Complete Committee Name

Jamie Blom for District 23

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/11/16	Green Bay MPO 300 Packardland Dr Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Postage	\$49.00
1/11/16	Target Green Bay West Check if: <input type="checkbox"/> In-Kind Offset	Envelopes	\$6.60
1/20/16	Green Bay MPO 300 Packardland Dr Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Postage	\$68.60
1/21/16	Green Bay MPO 300 Packardland Dr Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Postage	\$9.80
2/1/16	GAB Check if: <input checked="" type="checkbox"/> In-Kind Offset	Voter list	\$30.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 164.00
TOTAL ITEMIZED EXPENDITURES			\$ 164.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 164.00

*****End of Report*****

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Campaign Finance Report

Short Form ETHCF-2a

Ethics ID Number

☒ Spring ☐ Fall ☐ Special Pre-Primary ☒ 2016 Continuing Report due Jan. 15, ____

☐ Spring ☐ Fall ☐ Special Pre-Election ____ ☐ Continuing Report due July 15, ____

Alex Galt ☐ Continuing Report due 4th Tues Sept., ____

GALT for Brown County

Name of Candidate or Committee (in full)

~~1426~~ 1426 S. Jackson St, Green Bay

Address

920 246-0199

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Alex Galt

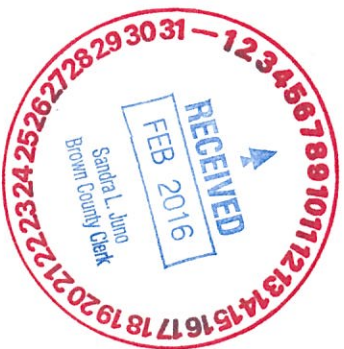
Date

2/8/16

Email Address

alex@kurtzma.com

ETHCF-2a | Rev 01/2016 | Government Accountability Board/P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov



End of Report

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

SUENNEN FOR County Board

Street Address

2543 TURBURY Road

City, State and Zip Code

GREEN BAY, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____
 ☒ Pre-Primary *JAN - Feb 1, 2016*
☐ July Continuing _____
 ☐ Pre-Election _____
 ☒ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>1,000.00</i>	\$ <i>1,000.00</i>
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>1,000.00</i>	\$ <i>1,000.00</i>

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>100.00</i>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>100.00</i>	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>- 0 -</i>
Total Receipts	\$ <i>1,000.00</i>
Subtotal	\$ <i>1,000.00</i>
Total Disbursements	\$ <i>100.00</i>
CASH BALANCE END OF REPORT	\$ <i>900.00</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>24171</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>- 0 -</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>Raymond Suenen</i>	Signature of Candidate or Treasurer <i>Raymond Suenen</i>	Date: <i>2/7/16</i>
	Email: <i>RAY.SUENEN@YAHOO.COM</i>	Daytime Phone: <i>920-606 0289</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 1 of 1

Complete Committee Name

SUENNER FOR COUNTY BOARD

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
1/4/16	Raymond Suenner 2563 Tugbury Rd Green Bay, WI 54303	Candidate Compliance Manager	1,000 ⁰⁰	1,000 ⁰⁰
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

 \$ 1,000⁰⁰ 1,000⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

 \$ 1,000⁰⁰ 1,000⁰⁰

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ _____

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

 \$ 1,000⁰⁰ 1,000⁰⁰

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✓

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Page 1 of 1

Complete Committee Name

SWEDEEN For County Board

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/21/16	ARTS OF MAN 1314 HORTON Galesburg, WI 54308 Check if: <input type="checkbox"/> In-Kind Offset	Deposit on 4428 29.0	100.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 100.00

TOTAL ITEMIZED EXPENDITURES

\$ 100.00

TOTAL UNITEMIZED EXPENDITURES

\$ —

TOTAL EXPENDITURES

\$ 100.00

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✓

SCHEDULE 3-A
**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

 Page 1 of 1

Complete Committee Name

SHERMAN FOR COUNTY BOARD

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
1/24/16	OFFICE MYS 2817 S. OVERLAND ST GREEN BAY, WI 54303	- 0 -	6.29	- 0 -	6.29
		Nature of Debt (Purpose) PAPER			
1/24/16	WALMART 2440 W. MARSH ST GREEN BAY, WI 54303	- 0 -	137.42	- 0 -	137.42
		Nature of Debt (Purpose) PAPER WIK			
1/25/16	POSTMASTER 300 PUCKERLAND DR GREEN BAY, WI 54303	- 0 -	98.00	- 0 -	98.00
		Nature of Debt (Purpose) POSTAGE STAMPS			
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		Nature of Debt (Purpose)			
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		Nature of Debt (Purpose)			
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		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE			
		\$		241.71	
		\$		241.71	
		\$		—	
		\$		241.71	
		\$		Pg. 4	

*****End of Report*****